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## Form 9: Positive Drug Test Statement

I, \_\_\_\_\_,  
(Juvenile)

understand that I have received a positive urinalysis drug test for

\_\_\_\_\_ on \_\_\_\_\_  
(Drug) (Date)

I further understand that I have 30 days to request a re-test of the specimen that yielded the positive result and if I do not request a re-test within 30 days, this represents an acceptance by me that the result is, in fact, positive. If I do request a re-test, I understand that I will pay all costs associated with the confirmation test, provided the confirmation test is also positive. If the confirmation test is negative, the agency will pay the costs for the re-test.

\_\_\_\_\_ I do hereby waive my option of a confirmation test and accept the positive result of the initial screen. I recognize that this acceptance constitutes a full admission of drug use during the period covered by the specimen.

\_\_\_\_\_ I do hereby request a re-test (confirmation test) of the specimen that yielded the above positive result. I will pay the cost for the re-test if the initial positive test is confirmed.

\_\_\_\_\_  
(Signature of juvenile) (Date)

\_\_\_\_\_  
(Officer's signature) (Date)

**Source:** American Probation and Parole Association